**Release of Information Process**

Log into PAWS using your FSU credentials (Username/Password) - [https://paws.frostburg.edu](https://paws.frostburg.edu)

Under Academics, select Release of Information within the drop down box, next click [ ]  .

Fill out the electronic version of the **AUTHORITY FOR RELEASE OF INFORMATION** form.

After completing the form click [ Save ]
AUTHORITY FOR RELEASE OF INFORMATION

In accordance with the Federal Education Rights and Privacy Act of 1974 ("FERPA"), I authorize and consent to the release of information from my academic and financial records at Frostburg State University, Frostburg, Maryland, as requested below to the stated individual(s) during academic year 2013 - 2014.

I release Frostburg State University, the University System of Maryland, the State of Maryland and any individual, including records custodians, from all liability for damages that may result to me due to compliance, or any attempts to comply, with this authorization.

This release is binding, now and in the future on my heirs, assigns, associates, and personal representative(s) of any nature.

***EXPIRES AUTOMATICALLY AT THE END OF THE ACADEMIC YEAR***

I authorize release of the information below:

- ALL REQUESTED INFORMATION
- OR -

- SPECIFIC INFORMATION (CHECK ITEMS BELOW)
  - Mid-term warnings
  - Student Code of Conduct Actions
  - Billing Information
  - Final Grades
  - Financial Aid information
  - Academic Probation or Dismissal Status

Name of person to release information to:
Recipient's Name: __________________________

If information is to be mailed to the above person provide:
Street Address: ____________________________
City: ____________________________
State: ____________________________
Zip Code: ____________________________

Name of additional person to release information to:
Recipient's Name: __________________________

If information is to be mailed to the above person provide:
Street Address: ____________________________
City: ____________________________
State: ____________________________
Zip Code: ____________________________

Student's Name: ____________________________
Student's Signature: ____________________________

PAWS ID: [s] Date: ____________________________